	PATENT	APPLICA'		EE DETER for Form PTC		N REC	ORD		Application 1	162	6330		.
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL E	NTITY	OR	OTHER THAN SMALL ENTITY			
	FOR	NUMBER F	TLED	MAMBE	REXTRA	R	ATE	FEE		RATE	PEE		
B7 C	C FEE FR 1.18(a))							s	OR		5		
	K CLAIMS FR 1.15(cj) · · ·	· ·-·· ·m	inurs-20-= -			x s_		•	OR	x s: = .		ىتت	
NOE O7 C	PENDENT CLAIMS:- FR 1,16(b))		inus 3 =			X \$_			OR	X 5=		\Box	
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. X th	ne difference in colum	n 1 is less than z	ero, enter	"U" in column 2	······································	10	OTAL		OR	TOTAL			
		AS AS AMEN			•				.			•	٠
3	118105	column 1)		(Column 2)	(Catana 2)				OR		R THAN		٠
7		CLAIMS		HIGHEST	(Column 3)	ا ا	SMALL E	MIIIY	1	SMALL	ENTITY		
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	PHS1 THESENIATIO	·· OF WOLINCED	EPENDEMI	CAM (170	H 1.16(B)	101	= (4)		OR	+s_=			
A	100100	j.			`		DI FEE	L	OR	ADD'L FEE			
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AME	FIRST PRESENTATIO	NOE MAYOR CO	EDCN-T-		L	- × 5			OR.	.x s	1		
		and wife in fel	LICHUCKI	(3/C)	1,10(0))	101			OR :	TOTAL			
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	"	CLAIMS		(Column 2) HIGHEST	(Column 3)				7			l	
ENT C		EMAINING AFTER	··· ·· /	'NUMBER 'REVIOUSLY	PRESENT EXTRA	;	RLTE	ADGA TANAL PES		SATE	HONAL		,
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"If the entry in column 1 is tess than the entry in column 2, write "D" in column 3
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT	APPLICATI	ON FEE	DETERN	INAT	TON RECO	nan			_	2				
			ober 1, 20					10/	62	6,3	3 C			
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If the difference	e in column 1 is	less than	zero, enter	**************************************	column 2		OTAL	+	J ^{OF}		942			
. (CLAIMS AS	AMENDE	ED - PART	T II		•					THAN			
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	PATENT	APPLICATION Effect	ON FEE I			ION RECO	RD)	10/	62-6	333	36	
			SMALL TYPE		. OR	OTHER	AAHT F	-					
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М	JLTIPLE DEPE					1	7						
- 1	the difference	e in column 1 is	less than a	ero, enter	"0" in	column 2		+14 0 =		OR		an	
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Ş	Total	•	Minus	••			Γ	X\$ 9=		OR	X\$18=		7
E E	Independent	•	Minus	***		π .	 	X43≖			X86=		7
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Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

Application or Docket Number

10626336

		CLAIMS A	S FILED (Column		1 - L71-1	rmo 2)		MALL EI	YIIIY	; OR	OTHER	
T	OTAL CLAIMS		26				r	RATE	FEE	7	RATE	FEE
F)R	NUMBER FILED		NUMBER EXTRA			BASIC FEE		OR	BASIC FEE		
TO	TAL CHARGE	24 minus 20=		. 6			X\$ 9=		OR	X\$18=	108	
_	DEPENDENT C			ninus 3 =	. 1			X42=		OR	84	
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AMENDMENT A		REMAINING AFTER AMENOMENT		NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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m		CLAHMS		HIGH	ST	(Coldini o)	1 _		ADDI-	1		1001
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AMENDMENT C		REMAINING AFTER AMENOMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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	Time Tragnest Nu	mber Previously Pa mber Previously Pa	MI For IN THE	IS SPACE in	loos the	3 anter "3"	~~	OIT. FEE			DOIT. FEEL	
1	ne Tighest Num	nber Previously Pal	d For" (Total o	r Independer	nt) is the	highest number	r found	in the appr	opriale box	in ook	imo 1.	